

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P13460 (1)

1. Corporation Name
B.L.K. ASSOCIATES, INC.

Principal Place of Business 647 BRIARWOOD LANE DEERFIELD BEACH FL 33442 US	Mailing Address 647 BRIARWOOD LANE DEERFIELD BEACH FL 33442 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/04/1987	
21 8600 S. Ocean Drive	26 8600 S. Ocean Drive	4. FEI Number 35-1565298		Applied For Not Applicable	
22 Suite PH1	27 Suite PH1	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Jensen Beach FL	28 Jensen Beach FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 34957 25 USA	29 34957 30 USA	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**WOLFE, LARRY S.
 200-A JOHN KNOX RD.
 TALLAHASSEE FL 32303**

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GUTHRIE, W. LEWIS		1.2 NAME	
STREET ADDRESS 647 BRIARWOOD LANE		1.3 STREET ADDRESS 8600 S. Ocean Drive, Suite PH1	
CITY-ST-ZIP DEERFIELD BEACH FL		1.4 CITY-ST-ZIP JENSEN Beach, FL 34957	
TITLE VS	<input type="checkbox"/> DELETE	2.1 TITLE VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GUTHRIE, BARBARA A.		2.2 NAME	
STREET ADDRESS 647 BRIARWOOD LANE		2.3 STREET ADDRESS 8600 S. Ocean Drive, Suite, PH1	
CITY-ST-ZIP DEERFIELD BEACH FL		2.4 CITY-ST-ZIP Jensen Beach, FL 34957	
TITLE TD	<input type="checkbox"/> DELETE	3.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GUTHRIE, BARBARA A.		3.2 NAME	
STREET ADDRESS 647 BRIARWOOD LANE		3.3 STREET ADDRESS Same	
CITY-ST-ZIP DEERFIELD BEACH FL		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GUTHRIE, LORRAINE		4.2 NAME	
STREET ADDRESS 647 BRIARWOOD LANE		4.3 STREET ADDRESS 1620 S.E. Malden St	
CITY-ST-ZIP DEERFIELD BEACH FL		4.4 CITY-ST-ZIP PORTLAND OR 97202	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GUTHRIE, KARREN		5.2 NAME	
STREET ADDRESS 647 BRIARWOOD LANE		5.3 STREET ADDRESS 1523 N. Royer St	
CITY-ST-ZIP DEERFIELD BEACH FL		5.4 CITY-ST-ZIP Colorado Springs Co 80907	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **President** 11/12/97 5612297889

CR2E034 (10/97)